

**USAID/CAR
REPRODUCTIVE HEALTH STRATEGY
FOR TURKMENISTAN**

1997S2000

June 5, 1998

Submitted to USAID/W ENI/DGSR/HRHA
under
USAID/ENI/DGSR Technical Assistance Project
(Contract No. DHR-0037-C-00-5067-00;
Task Order 98-0015)

by
Charlotte Cromer, Team Leader
Connie Collins, M.A. P.H.N.
Judith Seltzer, Ph.D.
Sholpan Makhmudova, M.D.

USAID/ENI/DGSR Technical Assistance Project
BHM International, Inc.
1800 North Kent Street, Suite 1060
Arlington, VA 22209

**This report may be ordered from:
USAID Development Experience Clearinghouse
1611 North Kent Street
Suite 200
Arlington, VA 22209
Phone: (703) 351-4006
Fax: (703) 351-4039
<http://www.dec.org>**

The observations, conclusions, and recommendations set forth in this document are those of the authors alone and do not represent the views or opinions of the USAID/ENI/DGSR Technical Assistance Project, BHM International, Inc., or the staffs of these organizations.

TABLE OF CONTENTS

ACRONYM LIST	iii
EXECUTIVE SUMMARY	v
RECOMMENDATIONS	viii
I. SECTOR OVERVIEW	1
A. Background	1
B. Status of Population Parameters and Reproductive Health	2
B.1. Fertility and Marriage	2
B.2. Maternal Mortality and Abortion	3
B.3. Contraception	4
B.4. Sexually Transmitted Diseases	4
C. Current Health and Reproductive Health Programs	5
C.1. Government of Turkmenistan (GOTX)	5
C.2. USAID/CAR	8
C.3. Other U.S. Government Agencies	9
C.4. Other Donors	9
II. SECTOR CONSTRAINTS	10
A. Public Sector	10
B. Private Sector	11
C. Access and Quality of Family Planning Services	12
C.1. Access	12
C.2. Quality	14
C.3. Program Image	15
D. Management Constraints	16
III. SECTOR STRATEGY	16
A. Public Sector	16
A.1. Policy Dialogue	16
A.2. Improved Technical Competence of Service Providers	17
A.3. Information for Clients	18
A.4. Strengthening the Provision of Women's Care	19
A.5. GOTX/World Bank Health Reform Project	19
B. Support for NGOs	20
Annex A: TRAINING IN REPRODUCTIVE HEALTH	
Annex B: AVSC TRAINING ASSESSMENT SCOPE OF WORK	
Annex C: CONTACTS—TURKMENISTAN	
Annex D: BIBLIOGRAPHY	

ACRONYM LIST

AIHA	American International Health Alliance
ATTA	Assistance to Turkmenistan Area
AVSC	Association for Voluntary Safe Contraception
CA	Cooperating Agencies
CAR	Central Asian Republics
CARAK	Central Asia Countries, Azerbaijan, and Kazakhstan Project
CDC	Centers for Disease Control
CDD	Control of Diarrheal Diseases
CHE	community health educator
D&C	dilatation and curettage
DHS	Demographic and Health Survey
EPI	Expanded Program of Immunization
FAP	feldsher station
FDA	U.S. Food and Drug Administration
FP	family planning
G/NGO	government/nongovernmental organization
GNP	gross national product
GOTX	Government of Turkmenistan
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
IEC	information, communication, and education programs
IPPF	International Planned Parenthood Federation
IUD	intrauterine device
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
JHU/PCS	Johns Hopkins University Population Communication Services
KAP	knowledge, attitude, and practice
KHF	British Know How Fund
LEMON	Learning Materials on Nursing
LSMS	Living Standards Measurement Survey
MICS	Multiple Indicators Cluster Survey
MOHMI	Ministry of Health and Medical Industries
NGO	nongovernmental organization
NIS	Newly Independent States
Ob/Gyn	obstetrics/gynecology
OST	Office of Social Transition
PCS	Population Communication Services
PPFA	Planned Parenthood Federation of America
PRB	Population Resource Bureau
RH	reproductive health care
RHSEP	Reproductive Health Services Expansion Program
RTI	Research Triangle Institute

SOMARC	Social Marketing for Change
STD	sexually transmitted disease
SVA	rural ambulatories
SVP	Rural Physician Post
TA	technical assistance
TFR	total fertility rate
TICA	Turkish International Cooperation Agency
TOT	training of trainers
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USSR	Union of Soviet Socialist Republics
WB	World Bank
WHO	World Health Organization
WID	Women in Development

EXECUTIVE SUMMARY

Turkmenistan, a potentially wealthy country with vast oil and gas reserves, is experiencing a difficult transition from a former Soviet command economy to a more diversified market economy. The loss of access to hard currency markets for gas and oil exports and the lack of progress in structural reforms and democratization have created an economic crisis that is adversely affecting the health and social conditions of Turkmenistan's population. In particular, the absence of advances in health reform programs is attributable to centralized decision making at the highest level of government without the benefit of technical input.

Turkmenistan had a population of 4.6 million in 1996, of which 77 percent are reported to be Turkmen. The largest segment of the population (87 percent) is Moslem. Turkmen is the official language, although Russian is widely used in urban areas. More than half of the population (55 percent) lives in rural areas. The minority populations of Russians, Uzbeks, and others reside mainly in urban areas.

Estimated fertility rates remain high in Turkmenistan, ranging from 3.4 to 4.1 births per woman. The government of Turkmenistan (GOTX) supports population growth but strongly emphasizes the need for birth spacing. As in other former Soviet republics, abortion is legal and is a primary method of fertility control. In 1994, the United Nations Population Fund (UNFPA) began supplying modern contraceptives to the Ministry of Health and Medical Industries (MOHMI). At the same time, USAID, through the Association for Voluntary Safe Contraception (AVSC) and the Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO), established a model training clinic site and initiated training-of-trainers programs in clinical contraceptive training and counseling. Over the past year, UNFPA has launched an intensive program for training health care providers and developing information, communication, and education (IEC) programs for reproductive health. Contraceptives are now available in clinics throughout the country. Estimates of contraceptive prevalence range from 23 to 31 percent. The IUD is selected by 61 percent of women, orals by 11 percent, and Depo Provera by 9 percent (WHO, 1998). The number of births decreased in 1995 and 1996, with about 7,500 fewer births each year. Birth rates, however, remain high in rural areas where women begin child-bearing at a younger age and continue having children through their reproductive years. In urban areas, 1995 and 1996 saw a fairly significant increase in STD cases. A major AIDS prevention program is planned, although HIV/AIDS is not yet a widespread problem.

In 1995, under the leadership of the president, the GOTX embarked on a program to improve the health of the population and to increase life expectancy. The Presidential Health Program focuses on expanding and improving health services for the total population to decrease infant, child, and maternal mortality, control communicable diseases, and decrease mortality related to the use of alcohol and tobacco use. WHO, UNICEF, the World Bank, and the Turkish International Cooperation Agency (TICA) have provided assistance in developing the plan for the Lukman (doctor) Health Program, which is based on the president's program. The noticeably ambitious Lukman Program is designed to address a broad range of health care reform and financing issues as well as

improved service delivery. The program's immediate objectives address specific health problems directly related to Turkmenistan's high rates of morbidity and mortality.

WHO has completed the master plan for the Lukman Program; the GOTX should approve the plan by late March 1998. Some activities have been initiated in pilot areas, particularly those relating to maternal and child health and the training of family physicians. In addition, the GOTX has established a voluntary medical insurance plan. The World Bank has designed a pilot health reform program that was scheduled to be negotiated in March 1998; negotiations, however, have been delayed.

While approval of the Lukman Program may provide a national plan for health service improvement, current evidence suggests that the GOTX has yet to develop a national strategy for health. In addition, some donors have voiced concern that additional technical assistance will be needed to implement the plan fully.

The private health sector is extremely limited and consists of one or two clinics established in Ashgabat to attract expatriates and wealthy Turkmen. Given current economic conditions and the difficulty in obtaining a license for practice, the private health sector is not expected to expand significantly in the near future. Some government pharmacies were scheduled to be auctioned to private investors in 1998; however, the MOHMI decided to retain the facilities as they are an excellent source of income for the MOHMI.

The nongovernmental organization (NGO) sector is expanding despite difficulties in registration and in obtaining financial support. Several promising NGOs and two government/NGOs (the Women in Development [WID] Bureau and the Women's Committee) deal with women's health, social, and economic issues.

In view of the large number of donor programs in place in the velayats (provinces) or etraps (districts) and the lack of a strategic national plan for training and health service delivery, the Reproductive Health Assessment Team had difficulty identifying specific interventions for USAID reproductive health activities. Nonetheless, the team identified several areas for policy dialogue for reproductive health, including access and quality of services, public and private sector roles, a supportive legal and regulatory framework, and contraceptive supplies. Training is an issue owing to the increased number of family health practitioners, family nurses, and midwives who will be expected to deliver family planning services under the reform program. Physician trainers trained by UNFPA may also require additional technical assistance in implementing programs. Expanded, culturally appropriate IEC programs for public consumption are needed, and Turkmen health personnel have articulated the need for more training materials. The emerging NGOs offer an opportunity to strengthen advocacy, counseling, and information programs for women's health and family planning. The Health Partnerships program now under development should explore the potential for establishing a partnership with a Planned Parenthood Federation of America (PPFA) affiliate to develop a Turkmenistan Planned Parenthood under one of the NGOs. A Woman's Wellness Clinic modeled on clinics established in the other Newly Independent States (NIS) by the American International

Health Alliance (AIHA) Partnership Program could also be developed to expand the range of services offered by the model family planning clinic established by AVSC and JHPIEGO.

Technical assistance for the policy and training recommendations would include a resident POLICY Project Adviser working two-thirds time in Turkmenistan and one-third time in Uzbekistan and AVSC and JHPIEGO teams working under a Memorandum of Understanding with USAID and the MOHMI to provide regular short-term assistance in developing a national training plan, designing and implementing reproductive health training, revising the reproductive health curriculum, and providing training materials in Turkmen and Russian as appropriate. The TA will be provided through field support to USAID Global Bureau projects.

To assist NGOs and G/NGOs in advocacy programs for women's health, technical assistance will be provided through funding to the USAID Counterpart Project, which maintains a project office in Ashgabat. The development of a Women's Wellness Center will need to be negotiated with the AIHA or funded under the Health Partnership Program.

RECOMMENDATIONS

Recommendation No. 1. USAID/CAR should provide field support to the Global Bureau for the POLICY Project for a resident adviser in Turkmenistan. The adviser would spend one-third of her or his time on policy issues in Uzbekistan.

Recommendation No. 2. USAID/CAR should provide field support to the Global Bureau for support from AVSC and JHPIEGO. Based on a training assessment and training plan to be developed by AVSC and JHPIEGO in conjunction with GOTX officials and other donors, USAID/CAR would support training of service providers in reproductive health.

Recommendation No. 3. USAID/CAR should provide field support to the Global Bureau for the services of a cooperating agency (CA) such as Population Communication Services (PCS) or Association for Voluntary Safe Contraception (AVSC) to produce and ensure dissemination and use of IEC materials, including mass media information on reproductive health developed in close cooperation with the GOTX and other donors.

Recommendation No. 4. USAID/CAR should support the new AIHA project to establish a Women's Wellness Center in Turkmenistan.

Recommendation No. 5. USAID/CAR should not provide reproductive health assistance to the GOTX/World Bank health reform project unless the design of the project is changed during negotiations.

Recommendation No. 6. USAID/CAR should provide support to the Counterpart Consortium to help strengthen women's NGOs in Turkmenistan, thereby enabling the NGOs to become advocates for reproductive health.

Recommendation No. 7. USAID/CAR should provide support for the new Health Partnerships project to promote a partnership between a women's NGO and a Planned Parenthood Federation of America affiliate in the United States.

REPRODUCTIVE HEALTH STRATEGY FOR TURKMENISTAN

I. SECTOR OVERVIEW

A. Background

The former Soviet Socialist Republic of Turkmenistan is located in the southwest region of Central Asia. It is bordered on the north by Uzbekistan and Kazakstan, on the south by Iran, on the southeast by Afghanistan, and on the west by the Caspian Sea. The interior of Turkmenistan is largely a desert inhabited by nomadic tribes. Most of the population lives in urban areas and rural settlements clustered around the country's borders. The population is relatively homogeneous, with 77 percent reported to be Turkmen.

Resources include significant gas and oil reserves estimated to be the fifth largest in the world. The most important agricultural crop is cotton; Turkmenistan ranks tenth worldwide as the largest producer of cotton. Initially, Turkmenistan experienced less economic disruption than the other former Soviet states after the dissolution of the USSR because of its hard currency revenues from oil and gas. Since 1994, however, Russia has refused to allow Turkmenistan's gas and oil to be exported to hard currency markets; the result has been an economic downturn. The government of Turkmenistan (GOTX) is currently negotiating with Turkey and Iran to establish alternative channels for the export of oil and gas but is not expected to derive significant revenue from these exports in the near future.

The 1994 GNP was \$1,390 per capita, and real income in 1994 was estimated to be one-fourth of 1990's real income. Health and social indicators are dropping from the formerly higher developed-country indicators achieved under the USSR. The GOTX is attempting to maintain health and social services while pursuing reforms related to health services and the free social and economic benefits that were previously available under the USSR's command economy. The GOTX has developed policies in support of preventive health programs that address the emerging health problems related to poor environmental conditions and social and economic problems. Multiple donors are working in Turkmenistan to implement these programs, but the GOTX Ministry of Health and Medical Industries (MOHMI) does not appear to have devised and implemented an overall country strategy for the programs.

The GOTX also appears to support a pronatalist policy to increase the population; however, the government also strongly supports child spacing within its own health programs. The president apparently has wanted the population to double to about 10 million by 2005. One pronatalist decree adopted by the government extends the length of maternity leave from three to six years (Academy of Sciences of Turkmenistan, 1997), although recent information suggests that the country's leadership is beginning to appreciate that a larger population may impede social and economic development.

B. Status of Population Parameters and Reproductive Health

A demographic and health survey (DHS) has not been carried out in Turkmenistan, and no plans are in place to do so. The lack of detailed information otherwise available from a DHS poses a constraint to understanding the current status of reproductive health and family planning and to planning future improvements in reproductive health.

The sources of information presented below are papers presented at the National Conference on Reproductive Health sponsored by the MOHMI and UNFPA in December 1997 and the "Turkmenistan Human Development Report, 1997" developed by the Academy of Sciences of Turkmenistan.¹

The population of Turkmenistan was 4.6 million in 1996, with the majority of people (55 percent) living in rural areas. The largest ethnic group is the Turkmen (77 percent), followed by Uzbeks (9 percent), Russians (7 percent), and Kazaks (2 percent); the remaining 5 percent includes numerous other ethnic groups. The rate of natural increase may have fallen in recent years from 2.7 in 1990 to 2.1 in 1995 and to 1.7 in 1996 (Lihacheva, 1997), although estimates vary (2.5 in 1994, Academy of Sciences of Turkmenistan; 2.1 in 1997, PRB). If the population growth rate is about 2.1 and remains at this level, the population of Turkmenistan will double in 33 years. With not quite 40 percent of the population under age 15, Turkmenistan's age structure is reasonably young.

Literacy is virtually universal (98 percent for women) (Akmuradova, 1998). As of 1989, the average number of years of schooling totaled about five (5.5 for males and 4.5 for females) while the proportion of adults with a secondary education was estimated at 35 percent.

B.1. Fertility and Marriage

In the absence of a national demographic and health survey, little published information is available on fertility and marriage and none is available on differentials by residence, education, and ethnicity.

¹Several other data collection efforts in Turkmenistan include a UNDP-supported national household survey in June 1997. The survey was conducted by the Turkmen Stats Prognos or the Institute of Statistics and Forecasting of Turkmenistan. (The Institute of Economics and the Institute of Statistics have been combined to add a focus on projections and forecasting to the country's regular statistical work.) There are questions about the capability of the institute to conduct this type of survey and the quality of the data in the UNDP survey. A World Bank Living Standards Measurement Survey (LSMS) is currently in the field (March 1998), with a final report expected in September 1998. The Research Triangle Institute (RTI) is providing assistance in the data analysis of the LSMS, which includes a self-administered female questionnaire that covers marriage, pregnancy, births, infant and child mortality, prenatal care, delivery, breast-feeding, abortion, contraception, etc. The GOTX conducts a monthly survey of 2,000 households that yields data on various issues, including health. UNFPA is supporting a survey of teenagers (ages 16-19) that may also include families/parents. Results of the survey will be presented at a conference in December 1998. Data from the survey are supposed to help in designing IEC and mass media activities under UNFPA's Project No. 3. Finally, UNFPA made mention that it might support a knowledge, attitude, and practice (KAP) or reproductive health survey, but the status of the effort was not at all clear.

Even though the GOTX is pronatalist and favors larger families, fertility has apparently been decreasing since 1988. The general fertility rate (the number of births per 1,000 women of child-bearing age) decreased from 33.1 in 1994 to 28.1 in 1996 (Akmuradova, 1998). Estimates of the total fertility rate (TFR) vary from 3.4 (PRB, 1997) to 3.7 (UNICEF, 1998) to 4.1 (Academy of Sciences of Turkmenistan, 1997). Thus, the level of TFR may be as high as 4.1 or as low as 3.4.

A small survey (N=55, of whom ten respondents were from Turkmenistan) of health professionals in Central Asia reveals that the sample's highly educated respondents view three as the ideal number of children. One can assume a somewhat higher ideal number of children among the general population and slightly higher yet among rural residents.

Little information is available on child-bearing patterns. The average age at first marriage was reported as 22.3 in 1993 and 21.4 in 1994 (Academy of Sciences of Turkmenistan, Table 5, 1997). According to a recent presentation (which cited no data), the average maternal age has become younger. Most women give birth between ages 20 and 35 years, and only 4.5 percent of mothers are younger than 20 (Akmuradova, 1998). The USAID Strategy Development Team has no way of assessing whether the suggested trends are real or perceived.

Data from the Medical Statistics Department of the MOHMI (Ilamanov, 1997), which tracks birth intervals in response to concern about infant morbidity and mortality, show that more than half (54 percent) of all birth intervals are short, averaging about 1.4 years. Furthermore, the practice of breast-feeding is apparently changing and may be contributing to less postpartum amenorrhea and thus to shorter intervals.² Data from a 1995 survey show that most mothers in Turkmenistan breast-feed their babies at one time or another during the child's first year of life. However, only about 54 percent of infants under four months of age are exclusively breast-fed, and the practice of exclusive breast-feeding varies greatly among regions (e.g., 28 percent in Dashowuz and 81 percent in Ahal MOHMI and UNICEF, 1995).

B.2. Maternal Mortality and Abortion

Trends in maternal mortality show a decline in the number of deaths from 172 in 1992 to 108 in 1996, with concomitant declines in the maternal mortality rate per 100,000 live births from 132 in 1992 to 97 in 1996 (Orlova, 1997). Other data from a recent WHO report (WHO, 1998) show that the maternal mortality rate was just under 111 in 1990 and decreased to 107 in 1991 before increasing in 1992. The WHO report also shows an increase to 105 in 1996. Abortion contributes to maternal deaths, although its contribution varies from 22 percent in 1990, 10 percent in 1994, and up to nearly 18 percent in 1996. The variation suggests possible problems with the data, although abortion does seem to be a leading cause of maternal death.

²Ilamanov, 1997, also reports on trends in breast-feeding for 1992-1995, but problems with the English translation of the paper make it unclear what the data show.

According to Kerimova (1997), abortion is still a “priority” method of contraception, although recent trends generally point to fewer abortions despite some variation by year between 1991 and 1996. In 1991, there were 35,451 abortions; in 1996, there were 31,952 or a decline of almost 10 percent. The highest percentage (67 percent) of abortions was among women in the prime child-bearing years of age 20 to 34, followed by women age 35 and over (25 percent), and women age 15 to 19 (7 percent). In 1996, 74 percent of all abortions were mini-abortions, induced legal, or induced by medical indication; an additional 24 percent were spontaneous. While the MOHMI is concerned about the level of maternal mortality associated with abortion, mini-abortions using vacuum aspiration are believed by physicians to offer several advantages over the D&C abortion method. Hence, there is a strong preference for mini-abortions to reduce maternal morbidity and mortality.

B.3. Contraception

Information on the level of contraception prevalence varies by source. Prevalence is reported at 31.3 percent (no year cited) (Likhacheva, 1998) and 23 percent in 1996 (WHO, 1998). The IUD is the most popular method (61 percent of women), followed by pills (11 percent), condoms (11 percent), and injectables (9 percent) (WHO, 1998). (Likhacheva, 1998, reports different percentages as follows: 33.2 percent use IUDs, 12.4 percent use pills, 7.1 percent use Depo Provera, less than 1 percent use condoms, and the remaining women use other methods. The percentage of IUD users in particular appears problematic.) Thanks to donations of contraceptive commodities by UNFPA, use of pills, injectables, and condoms has increased since the early 1990s.

B.4. Sexually Transmitted Diseases

Since 1991, the level of sexually transmitted diseases (STDs) has apparently been increasing in Turkmenistan as it has throughout the entire territory of the former Soviet Union. In Turkmenistan, the number of registered cases of syphilis, gonorrhea, and trichomoniasis increased from 3,667 to 5,197 between 1992 and 1996. These increases add to concerns that the spread of HIV/AIDS may be escalating (Nomnoeva, 1997). Research on the sexual behavior of persons infected with STDs in Turkmenistan showed that younger people infected with STDs have more sexual partners, that most persons (78 percent) know of condoms but do not use them, that 22 percent could not name any means of preventing STDs, and that most persons had a superficial knowledge of STDs. T. Nomnoeva, the author of this study, called for public education efforts, targeted to youth in particular, to increase awareness of STDs and preventive measures; programs to distribute free contraceptives and condoms, especially among young people and high-risk groups; and greater use of the mass media (radio, television, and press) to cover topics such as sexual behavior, STDs, and HIV/AIDS and the relationship between sex and the spread of STDs.

C. Current Health and Reproductive Health Programs

C.1. Government of Turkmenistan (GOTX)

The primary purpose of family planning in Turkmenistan is not to change the demographic orientation from large to small families but rather to change reproductive behavior and patterns so that birth spacing increases to at least two or 2.5 years, thus promoting good health for children while maintaining desired family size (Lihacheva, 1997).

The health care system in Turkmenistan is based on the former Soviet system. It includes 368 hospitals, 11 maternity hospitals, and 678 polyclinics and ambulatory units located throughout Ashgabat City and five regions (velayats) and 49 districts (etraps). It provides relatively universal coverage and is free to all citizens. Facilities are poorly maintained and lack basic equipment and supplies, and while consultations are free, the client must purchase pharmaceuticals. According to anecdotal information, health providers request informal payments for services. The ratio of physicians and nurse-midwives to the population is adequate, and health personnel are relatively equitably distributed throughout the country. The MOHMI emphasizes maternal child health care, including birth spacing and infectious diseases control. Services, however, remain curative-oriented and focused on inpatient hospital services, with 14 to 17 percent of the population hospitalized each year for an average 15 days per patient.

Decision making is centralized, such that the president himself or his Cabinet of Ministers rather than the MOHMI makes many policy decisions. Usually, the central level lacks sufficient technical and professional input during the formulation of decisions. Further down the line, hospital superintendents and velayat medical directors tend simply to execute decisions made at the MOHMI or higher level (World Bank, 1996); they rarely challenge the reasoning behind a decision.

Since the dissolution of the USSR, the GOTX—under the leadership of the president—has embarked on a program to improve health care services. The Presidential Health Program and the donor programs are integrated such that it is difficult to distinguish government initiatives from donor programs. The Presidential Health Program has established broad goals for improving the health of the population and increasing life expectancy by emphasizing the need to develop family practices and primary health care, rationalize health services, improve the quality of care, and strengthen the health financing system. Donor programs are designed and implemented on the basis of these goals.

The Lukman (doctor) Health Program of Turkmenistan was developed in 1995 with the assistance of WHO, UNICEF, the World Bank, and TICA (Turkish International Cooperation Agency) to assist in carrying out the Presidential Health Program. The Lukman Program is comprehensive and includes health reform and financing, service delivery at all levels, pharmaceuticals, human resources development, and organization and management. The program's immediate objectives were to address specific health problems through programs for maternal and child health, family health, tuberculosis, HIV/AIDS, nutrition, and alcohol and tobacco use.

Under the Lukman Program, WHO completed a detailed final draft of a master plan for health care reform for GOTX approval in late March 1998. With WHO's assistance to the program scheduled to end in March 1998, it is unclear whether WHO will provide further funding. If WHO undertakes a follow-on project, it will assist in the development of an implementation plan.

Thus far, any progress in health care reform appears to be piecemeal, with little strategic guidance or coordination except for a vague relationship to the Presidential Health Program.

On the financial side, the GOTX established a voluntary medical insurance plan in January 1996; it covers about 6 percent of total health care spending. Yet, at least for the immediate future, the GOTX has postponed plans to implement a mandatory health insurance plan. Finally, a presidential decree has introduced fees for services at the hospital level.

On the service side, the GOTX created the family practice unit to deliver primary health care. To train the new family physicians, the MOHMI created a postgraduate program for family physicians and established a Department of Family Physicians at the Medical Institute. In 1996 and 1997, 120 and 121 family physicians graduated from the postgraduate program, respectively. The MOHMI has conducted in-service training of existing pediatricians and internists who became family physicians. According to anecdotal information, the in-service training was inadequate. Some internists and pediatricians who were designated and trained as family physicians have agreed among themselves that they will continue to work in their specialties in the family practice units and not perform as family physicians.

Ongoing reorganization in the MOHMI is attempting to reduce the number of employees and to rationalize services. Several departments within the MOHMI have been combined. At the regional level, the FAPs (the most peripheral outpatients' health facilities) and the SVAs (the main medical service delivery points) are undergoing consolidation. Some maternity houses have closed. The team also learned through informal sources that the MOHMI is abolishing the regional health authority positions and that the chief physicians at the regional hospitals will be responsible for all health services in their respective regions.

The British Know How Fund (KHF) is funding four health experts to advise the MOHMI on reorganization. It is not clear, however, if the reorganization is a response to any plan such as the draft WHO/Lukman plan mentioned above or the World Bank recommendations made on earlier assessment trips. According to anecdotal information, the decisions on reorganization are the province of the highest levels, with almost no ideas or suggestions from the lower levels. The prospect of change has introduced a measure of uncertainty that is creating morale problems within the MOHMI as employees fear loss of their jobs.

The World Bank (WB) carried out a sector analysis in 1996 and is now preparing for final negotiations on a \$10 million health reform program loan. The \$10 million WB loan for the Tejen Etrap Pilot Health Reform Project will test a set of interventions that will consolidate and rehabilitate health services, improve the quality and effectiveness of clinical and emergency services, and improve

the management and efficiency of health services, including the development of a new provider-payment mechanism. The pilot project will help the GOTX evaluate the viability and impact of certain reforms as well as determine what aspects of the pilot lend themselves to replication. It will also build capacity in the MOHMI to evaluate, replicate, and implement national health sector reform.

The implementation plan for the loan allocates 70 percent of the loan fund to the construction and rehabilitation of health care facilities in Tejen etrap, which is about a two-hour drive from Ashgabat. Given the cost of approximately \$7 million for a pilot in one etrap with a population of approximately 130,000, it appears unrealistic to expect the GOTX to finance the replication of this pilot project in the remaining 48 etraps.

UNICEF is providing assistance in maternal and child care, the Expanded Program of Immunization (EPI) and Control of Diarrheal Diseases (CDD), nutrition, and anemia in the Dashowuz province near the Aral Sea. It plans to develop Baby Friendly hospital programs and is providing midwifery kits to the FAPs in the area.

In 1996, UNFPA initiated an intensive program that includes contraceptives and equipment, training of trainers of Ob/Gyn, physician clinical training in four velayats, preparation of training materials, IEC programs for the media, a teenage survey on sexuality, counseling training, and assistance to women's NGO groups. As most of these activities are to be completed this year, an assessment of potential impact was difficult. Nonetheless, the program to provide clinical training to 1,000 Ob/Gyns by the end of 1998 will not meet its target. UNFPA expects that only 220 physicians will be trained, leaving the MOHMI responsible for the additional numbers. UNDP is particularly active in working with women's groups and has funded the development of the WID Bureau, a G/NGO that works on women's advocacy issues, employment, and job skills. The WID Bureau will set up and UNFPA will equip an office in each of the six Reproductive Health Centers being established by the GOTX in Ashgabat and the five other velayats. UNDP is taking the lead in developing the HIV/AIDS program.

The MOHMI participates in the EURO/WHO Central Asia Countries, Azerbaijan, and Kazakstan (CARAK) Project on the Improvement of Mother and Child Health and Family Planning on the District Level. The project has used local experts to deliver seminars in pilot districts on neonatal care, breast-feeding, obstetric and nursery care, high-risk deliveries, and family planning.

C.2. USAID/CAR

USAID Reproductive Health Services Expansion Program

In 1993, USAID developed its Reproductive Health Services Expansion Program (RHSEP) to improve the health of women and children in the five Central Asian Republics (Kazakhstan, Uzbekistan, Kyrgyz Republic, Turkmenistan, and Tajikistan). The program is aimed at reducing dependence on abortions for fertility control by expanding the availability of modern reproductive health services. Six USAID Population Cooperating Agency projects have implemented the RHSEP: OPTIONS for Population Policy, SOMARC (Social Marketing for Change), AVSC (Access to Voluntary Safe Contraception), JHPIEGO (Johns Hopkins Program for International Education in Reproductive Health), JHU/PCS (Johns Hopkins University Population Communication Services), and MACRO Demographic and Health Surveys (DHS).

The RHSEP activities in Turkmenistan began in early 1994 with an RHSEP team assessment. Based on that assessment, agreements were made between AVSC, JHPIEGO, and OPTIONS and MOHMI institutions in Ashgabat (the Central Clinic, the Red Cross Hospital, and Polyclinic No. 9) to develop model clinic training sites and to address population policy. No plans were made for contraceptive marketing activities as the SOMARC assessment found the climate for private sector development not yet conducive to a program.

During 1994, the OPTIONS Project conducted a multisectoral Population Policy workshop for 30 GOTX ministry officials. The workshop focused on the health and economic benefits of family planning services and the potential role of the private sector in both health and family planning services. OPTIONS also sponsored seven decision makers for observation tours to Turkey and the United States to visit private sector pharmaceutical companies and to observe private sector delivery services. The group visiting the United States met with the U.S. Food and Drug Administration (FDA) to discuss regulatory and legislative issues related to the safety, efficacy, and control of pharmaceuticals. OPTIONS sponsored the attendance of two ministry officials at the 1995 United Nations Population Conference in Cairo. OPTIONS activities were phased out in 1995 with the expiration of the OPTIONS contract.

AVSC and JHPIEGO established model clinic training sites at Polyclinic No. 9 and the Central Clinic Red Cross Hospital, both in Ashgabat. Training activities included contraceptive technology update seminars; clinical training skills in IUDs and other methods, including minilaparotomy, infection control, and counseling skills; and training of trainers at the nursing school in Ashgabat.

Since 1994, 11 Ob/Gyns have been trained as trainers in clinical contraceptive methods, four Ob/Gyns in female sterilization procedures with one trained as a trainer, and 44 Ob/Gyns in IUD insertion, infection control, and counseling. More than 235 health providers and pharmacists participated in contraceptive information seminars presented by AVSC and JHPIEGO.

American International Health Alliance (AIHA) and CDC

Other USAID-funded health activities in Turkmenistan include two American International Health Alliance (AIHA) hospital partnerships and CDC technical assistance. The partnerships include an agreement between the Cleveland Clinic and the Niyazov Medical Institute to provide assistance in surgery, cardiology, nephrology, nursing reform, and administration and an agreement between the Richmond, Virginia, Ambulance Authority and the GOTX MOHMI to provide technical assistance in emergency response and disaster preparedness. The CDC is providing technical assistance in the establishment of a national diagnostic laboratory for the diagnosis of viral hepatitis, sentinel surveillance for viral hepatitis, and a demonstration site for tuberculosis treatment and care.

C.3. Other U.S. Government Agencies

Peace Corps

With 68 volunteers, the Peace Corps already has a relatively large presence in Turkmenistan; in fact, it expects the number of volunteers to increase to 100 by 2000. The Peace Corps had requested 28 nurse volunteers but currently has only four. It operates three health-related projects: maternal and child health, English for Special Purposes (medical personnel), and the community health educator (CHE) program. The CHE program responds to the Presidential Health Program by assigning volunteers to work in two children's hospitals, two maternities, and a medical school in sites in Charjew, Turkmenbashi, Mary, Nebit-dag, and Ashgabat. A former volunteer worked with a charismatic woman leader in Charjew to develop the "Woman Alive" NGO, which is now the recipient of a grant from Assistance to Turkmenistan Area (ATTA) for the support of women's health activities. In noting that the Peace Corps volunteers are establishing resource centers in clinics that could serve as distribution points for IEC materials, the director of the Peace Corps expressed interest in coordinating women's reproductive health activities with USAID CAs and others.

C.4. Other Donors

See Section I for activities description; funding is as follows:

UNICEF	\$1 million per year over five years plus \$10 million in supplementary funds from other donors
UNFPA	\$1 million per year through 1998 (\$250,000 for equipment and commodities each year)
WHO/Lukman	\$800,000 (includes WHO, TICA, and UNDP funds)

World Bank \$ 474,250 grant
\$ 10 million in loans

II. SECTOR CONSTRAINTS

A. Public Sector

It is unclear if the GOTX has developed a master implementation plan that it is following to carry out health care reform. WHO's recently completed draft master plan for the Presidential Health Program is not detailed and suggests a broad strategy for a wide range of health activities. In addition, it has yet to gain approval. The apparent lack of a plan, at least until now, seems to be leading to unfocused and uncoordinated efforts by the GOTX and donors. Moreover, some plans for expanding health reform do not always seem realistic. When the team asked the GOTX how it would implement health care reform nationwide upon the conclusion of the WB pilot project, the GOTX responded that it would request another WB loan for \$50 million. Based on the cost of a pilot project in one etrap (\$7 million), it is unrealistic to expect the model to be replicated nationwide in the country's 49 etrap.

The GOTX has embarked on an intensive effort to improve and expand reproductive health services. Many donors, including USAID, are involved in training physicians, nurses, and other health workers in reproductive health. The training efforts are scattered, uncoordinated, and sometimes, as with the training for the newly appointed family physicians (formerly internists and pediatricians), apparently inadequate. (A matrix of the types of people trained by organization is attached as Annex A.) Yet, training, particularly for family physicians and family nurses, remains a major need. The International Planned Parenthood Federation (IPPF) trainer at a one-day training workshop on contraceptive methods quoted the family physicians as saying that they were "starving" for information, including both training and written materials. Focus groups for the social assessment of the WB loan identified the family nurse as the backbone of the primary health care system; the participants felt that family nurses needed more training.

Official statements from the president of Turkmenistan and MOHMI officials indicate a shift in resources from tertiary to primary health care, although it is unclear that such a shift is underway. Hospitals in Ashgabat are under construction or renovation while the World Bank's new pilot project includes a major construction component.

Materials for health care providers and client information are lacking. Both physicians and women mentioned women's lack of knowledge of basic reproductive health, contraceptives, etc. The team saw limited materials for providers and almost no information for clients. UNFPA is producing basic IEC materials for clients on birth spacing and breast-feeding and general information on types of contraceptives.

Anecdotal information suggests that the highest levels of the GOTX and the MOHMI do not fully understand the importance of technical assistance. The lower ranks of the MOHMI, however, have learned to appreciate and understand the need for technical assistance. GOTX officials want projects that leave behind buildings so that they can point to “concrete” examples of projects. This is apparently one explanation for the reduction of foreign technical assistance and training in the World Bank’s new pilot project.

As noted, decision making is highly centralized and occurs at the Cabinet of Ministers level. Apparently, decisions made at the lower levels—with ideas from the employees—can be changed when members of the cabinet change. With changes implemented by presidential decree, there appears to be little legal regulatory framework for reproductive health.

UNDP holds donor meetings for all sectors every two or three months. The reproductive health donors meet informally. It is less clear how the GOTX ensures donor coordination and cooperation in meeting its reproductive health agenda. Owing to its small reproductive health portfolio, USAID is not considered a major player by either the GOTX or other donors.

Without a proactive technical person stationed in Turkmenistan, USAID has been hampered in its efforts to seek a broader role in reproductive health in that country. For USAID to work effectively with the GOTX in reproductive health, someone must be continuously discussing issues in person with GOTX officials. As in most cultures, a sense of trust must develop between parties before the recipient is willing to accept technical assistance and advice.

B. Private Sector

Private sector provision of health care is extremely limited. In Ashgabat, one or two private clinics have been established to attract expatriates and wealthy Turkmen. Apparently, it is extraordinarily difficult for a doctor to obtain a license to practice in the private sector while the cost of setting up a private practice is prohibitive. Under current economic conditions, the private sector is not expected to expand significantly in the near future.

The private pharmaceutical sector is complicated. Three principal organizations are currently involved in the distribution of pharmaceuticals in Turkmenistan. Farmatsyia, the government pharmacy, is the largest organization with approximately 390 outlets; Inofarm is the commercial branch of Farmatsyia and is a part of the MOHMI. Giarat Corporation is a private, closely held Turkmen company that reportedly enjoys special privileges from the government. With government-owned pharmacies (Inofarm) as an excellent source of income for the MOHMI, the government has no immediate plans to privatize additional pharmacies.

USAID/CAR decided not to proceed with a contraceptive social marketing project in Turkmenistan. The primary motivation for the decision was the absence of a pharmaceutical organization in

Turkmenistan that would further the overall private sector development goals of an open, transparent, and free commercial marketplace.

NGOs are beginning to develop and become viable private sector organizations. Organized jointly by Counterpart Consortium and UNDP, the first conference of Civil Society Organizations was held in December 1997 and drew 28 local NGOs from all over Turkmenistan. It marked an important beginning in helping to clarify the institutional and legal status of NGOs. It also gave the NGOs an opportunity to enhance their technical and funding capacities. In addition, the conference was a step forward in the development and recognition of the third sector in Turkmenistan.

In only a short time, the Counterpart Consortium has identified and supported women's NGOs: approximately five to six "established" women's NGOs and 35 to 40 fledging NGOs. In addition, the Peace Corps is working with several women's NGOs on reproductive health issues. The Soros Foundation is providing support to Ynam, a woman's NGO that operates a "hot" line for counseling women on family and legal issues.

It is difficult for an NGO without some connection to the government to complete the registration process, although Turkmenistan can point to government/NGOs, the WID Bureau, and the Women's Committee. During the conference of Civil Society Organizations, however, a Ministry of Justice representative promised to make the registration process earlier. Some NGOs are operating under "pending" registration.

C. Access and Quality of Family Planning Services

C.1. Access

As described in Section I.C, the public sector is responsible for the delivery of health care while private sector health services are virtually nonexistent. Efforts to improve family planning services in the public sector have focused on aspects of quality by increasing the range of available contraceptive methods and improving the technical competence of providers. The cost of services does not appear to constrain access; in fact, informal payments seem to be typical and may suggest that women and couples are willing to pay for some health care. Access to some methods may be a problem because of inadequate distribution of commodities (see discussion below on range of methods). At the 1997 National Conference on Reproductive Health, Dr. Lihacheva attributed a decrease in the preference for orals to problems with their consistent availability at public pharmacies (Lihacheva, 1997).

Attitudes about contraception and particular methods can be important barriers to increased use. Health providers are not always ready or able to provide information or counseling on family planning and thus can limit access. Yet, women seeking abortions seem to encounter few barriers to family planning information and services that are provided through public medical facilities. "Then you can

receive information about complications of abortion, the necessity of contraception, and information on family planning” (Kerimova, 1997). The attitudes of potential users can also limit access. For example, one study of Turkmen women’s attitudes toward contraception concluded that preferences for IUDs may be more determined by a woman’s ability to use an IUD without her husband’s and parents’ knowledge than by easy access and “cheapness” of the method. “The use of hormonal contraceptives often leads to unwanted questioning and accusations by parents, especially by older parents who favor larger families” (Lihacheva, 1997).

Access to family planning can also be assessed by looking at reasons for nonuse of contraception. At the December 1997 National Conference of Reproductive Health (MOHMI and UNFPA, 1997), reasons for nonuse of contraception included concerns about the effectiveness of methods and their side effects (63 percent of Turkmen women and 75 percent of Russian women) as well as the opposition of husbands or parents (13 to 19 percent).

Limited use of contraception also resulted from lack of information and knowledge about the benefits of family planning methods (Lihacheva, 1997). Fortunately, the need for accurate information and professional counseling directed to potential users is increasingly gaining recognition; “information dissemination on...family planning is...vital for improvement of female health” (Academy of Sciences, 1997). Family planning information and services are critical to increasing birth intervals and reducing women’s use of abortion as a method of family planning. Participants at the December 1997 national conference drew up a list of actions to improve the level of awareness of and thus access to contraception. These actions include the following (Kerimova, 1997):

- Introduce family life and sex education curricula in schools.
- Improve the competence of health professionals involved in contraception.
- Include contraception as part of counseling and health promotion in women’s consultation rooms.
- Require counseling on contraception before marriage.
- Develop IEC materials on contraception, complications and consequences of abortion, and postabortion contraception; use mass media as appropriate.

C.2. Quality

Range of Methods

The range of contraceptive methods has increased since UNFPA began providing contraceptive commodities to the MOHMI in 1994. IUDs, oral contraceptives, injectables, and condoms are among the commodities currently supplied. A recent assessment of commodity needs carried out by UNFPA indicates sufficient overall stock through 1998 and the possibility of an adequate stock of IUDs until 2000. UNFPA hopes to continue providing contraceptives in the future if there is a need.

The Central Pharmacy Store has received donated supplies of contraceptives and is responsible for their distribution throughout the country. Based on variation in both the number of women of child-bearing age who reside in different regions and the quantity of contraceptives distributed by region, some regions may not be receiving sufficient supplies such that women in these areas may not have access to a range of modern methods (Kerimova, 1997). Contraceptive distribution is not based on the potential user demand but rather is linked to the number of units delivering services. The suggestion arising from the present analysis calls for considering a new method of determining needs for contraceptive supply and distribution and registering women who use orals and injectables in order to improve access and presumably increase follow-up of users.

Information on the prevalence of female sterilization or women's attitudes (either awareness or interest) toward sterilization is not available. Training of Ob/Gyns in sterilization procedures has been extremely limited (AVSC had trained only four specialists). Thus, access to female sterilization in Turkmenistan appears to be highly constrained.

Technical Competence

As described in Section I.C, USAID (through AVSC and JHPIEGO) and UNFPA have supported and UNFPA in particular is continuing to support training activities to improve the technical competence of health professionals. AVSC and JHPIEGO helped establish two model clinic training centers in Ashgabat, where to date over 200 Ob/Gyns and some TOTs have been trained in clinical contraceptive methods, including IUD insertion and removal, infection control, and counseling. In November 1997, all professors of midwifery (who are themselves Ob/Gyns) at the Ashgabat Medical School underwent training by AVSC; more recently, JHPIEGO delivered a seminar to a small number of trainers (Ob/Gyns) at the nursing school. The nursing school's curriculum has been revised to include a 36-hour program that provides nurse-midwives with some training in family planning. Nonetheless, in-service or refresher training of nurses remains a major problem because of the shortage of funds to support such training. Annex A presents a table summarizing the various training activities offered by AVSC and JHPIEGO and other organizations. These activities have undoubtedly helped improve the quality of some of the services, but the efforts appear uncoordinated and scattered.

The various training activities have introduced health professionals to modern health practices and new teaching methods while providing essential equipment. Nonetheless, the GOTX needs a well-planned, comprehensive strategy to ensure that all front-line providers (including family doctors, nurse-midwives, family nurses, nurse-feldshers, and pharmacists) have the necessary training and skills. Furthermore, efforts are needed to ensure that such training occurs at the preservice and in-services levels and that updated service delivery guidelines are made available to providers. In terms of service delivery guidelines, the UNFPA representative has received from JHPIEGO a diskette with the Russian translation of JHPIEGO's "Service Delivery Guidelines for Family Planning Service Programs." The UNFPA representative hopes to print and distribute copies of the booklet, although funding for the effort is not yet available.

The December 1997 National Conference on Reproductive Health recognized the need to promote education of medical workers at all levels of the health care system, thereby increasing workers' knowledge of contraceptive methods and their understanding of contraception's importance for maternal health (Lihacheva, 1997). A February 1998 seminar delivered by the International Planned Parenthood Federation (IPPF) made available to providers sample Russian-language materials on various topics, including contraceptive methods, breast-feeding, safe abortion, counseling, and so forth. Such materials need to be made widely available to health care providers throughout Turkmenistan.

Information to Clients

Despite improvements in broadening the range of available methods, the lack of public education on the importance of contraception will constrain additional increases in both the overall use of contraception and the distribution of contraceptive commodities (Lihacheva, 1997). Client information is needed in both Russian and Turkmen. Recently, for example, IPPF also provided a few sample booklets in Russian for clients, but this effort was only a first step.

C.3. Program Image

While little information is available on popular attitudes toward family planning, one survey (no date) of 6,000 people living in cities and villages in Turkmenistan found that 91 percent of respondents had positive attitudes toward information on family planning (Lihacheva, 1997). Female respondents to the survey reported that their husbands and parents made decisions about family size. The findings suggest that although women favor family planning, IEC efforts should also be directed at males and decision makers in the family. Additional information on family planning that should be forthcoming under the various planned data collection efforts (see note on p. 2) may be useful as new family planning information and service activities are planned and implemented.

D. Management Constraints

The Office of Social Transition (OST), USAID/CAR, is a small regional office whose limited staff is responsible for a large and complex portfolio that covers five countries. Starting in the summer of 1998, a USAID direct hire will be assigned to the office in Ashgabat; the Almaty office, however, will continue to monitor reproductive health.

III. SECTOR STRATEGY

A. Public Sector

A.1. Policy Dialogue

WHO has helped the GOTX develop a broad master plan for the Presidential Health Program while the WB loan will fund a pilot project to test health care reform in one etrap. It is doubtful, however, that either of these efforts will adequately address reproductive health needs. In addition, it is not clear that the GOTX has a clear understanding of the impact of its current legal and regulatory policies on reproductive health or what is needed to improve reproductive health.

A policy adviser will need to be assigned to Turkmenistan to ensure a policy impact. In the culture of Turkmenistan, a continuous presence is necessary to keep issues alive and to gain the trust of GOTX officials. The team recommends that USAID/CAR provide field support to the Global Bureau for support to the POLICY Project for a resident adviser who would assist in the policy dialogue in reproductive health as discussed above. The support would include sufficient funds for appropriate program activities such as workshops, seminars, meetings, publications, observational travel, etc. The adviser would also work closely with PCS or AVSC in the distribution and dissemination of the forthcoming IEC materials. In addition and as appropriate, the adviser would coordinate with the Counterpart Consortium and Peace Corps in working with NGOs in areas such as women's advocacy and rights.

Recommendation No. 1: USAID/CAR should provide field support to the Global Bureau for the POLICY project for a resident adviser in Turkmenistan. The adviser should spend one-third of her or his time on policy issues in Uzbekistan.

USAID/CAR needs to establish a mechanism for a continuous dialogue with the GOTX to ensure that Turkmenistan develops both the necessary legal framework and the legal and regulatory policies that support health care reform in the public and private sectors. For GOTX to succeed in its legal and regulatory efforts, USAID/CAR must provide policy support to government officials. The officials require information and assistance as a prerequisite to understanding the impact and consequences of the policies they formulate. The following is a list of key issues for the policy dialogue in health and reproductive health with the GOTX.

Policy dialogue on monitoring the access and quality of RH services. It is unclear how the WB pilot project will address the issue of reproductive health. Accordingly, the purpose of this policy dialogue activity is to create an awareness of key reproductive health issues and to keep attention focused on these issues as the WB project is implemented. In addition, the impact of the MOHMI reorganization and new health care reform policies on reproductive health should be monitored and discussed with the GOTX.

Rationalization of public and private sector roles in service provision. The GOTX needs to carry out the necessary legal and regulatory changes that will permit the development of private sector service delivery through private clinics and private pharmacies. One important element in the sustainability of health care delivery is the development of a strategy that allows the private sector to develop and eventually relieve the public sector of the burden delivering health care services. GOTX resources could then be concentrated on providing services to mainly the rural and urban poor.

Establishment of the legal and regulatory framework needed to support reproductive health. In Turkmenistan, many policies are mandated by presidential decree. The policy adviser should assist the GOTX in developing a framework for reproductive health. An assessment is in order to identify actual policies, any gaps in policy, contradictions among policies, and policies that obstruct the provision of reproductive health services.

Contraceptive Commodity Supply and Logistics Management. The overall supply of contraceptives to the public sector is not currently a problem as UNFPA donates all contraceptives. By contrast, the current distribution of contraceptives throughout the health system may be a problem. In addition, the supply of contraceptives in the future is not certain. The situation should be monitored to ensure that the GOTX is prepared to procure contraceptives if donors cease to supply the needed commodities. Furthermore, if the logistics system exhibits problems, the problems should be identified and addressed by the GOTX.

A.2. Improved Technical Competence of Service Providers

While the GOTX and several donors are conducting training seminars for health care providers in reproductive health, the efforts seem uncoordinated and scattered in their approaches. As described elsewhere, it has been difficult to assess the effectiveness or adequacy of training activities, including whether the activities have reached the appropriate people. (See Annex A for a partial list of training carried out in reproductive health.) It is especially crucial to the successful implementation of health care reform that family nurses, nurse-widwives, and feldsher-nurses are trained in reproductive health. They are the first and sometimes only health care provider whom women contact for reproductive health care services, especially in rural areas.

Adequate training in reproductive health is critical to the success of Turkmenistan's health care reform. Due to the difficulty in determining which health care providers have undergone training, the team recommends the conduct of a training assessment that would identify the types of training in reproductive health that have been conducted, the types of service providers trained, the content of the training, the adequacy of the training, etc. Attached at Annex B is a brief scope of work for AVSC/JHPIEGO to carry out such an assessment. Based on the assessment, AVSC/JHPIEGO with the GOTX and other donors would develop a strategic training plan for reproductive health providers. As a first step, the assessment would allow the GOTX and USAID to decide if additional training is needed in reproductive health, what service providers should be trained, and in what areas. The training plan would also allow the GOTX to coordinate and target its training activities. Even without the benefit of the assessment, it appears that in-service training is needed for family nurses, nurse-midwives, feldsher-nurses, and the former internists and pediatricians who were designated as family doctors. Apparently, the little training received by the new family doctors was inadequate.

Recommendation No. 2. USAID/CAR should provide field support to the Global Bureau for support from AVSC and JHPIEGO. Based on the training assessment and the training plan to be developed by AVSC and JHPIEGO in conjunction with GOTX officials and other donors, USAID/CAR would support training of service providers in reproductive health.

A.3. Information for Clients (Information, Education, and Communications [IEC] Materials)

GOTX officials, service providers, and NGOs pointed to the lack of client information on contraception. While UNFPA is developing some IEC materials, information gaps still persist, particularly in the case of detailed brochures in Turkmen and Russian on each contraceptive method. Various reproductive health materials have been produced in Russian in the NIS region. The materials could be adapted for the Turkmenistan culture and produced quickly in Russian and translated from Russian into Turkmen.

The team recommends that USAID/CAR provide field support to a Cooperating Agency such as Population Communication Services (PCS) or Association for Voluntary Safe Contraception (AVSC) to assist the GOTX in developing IEC materials, including mass media information on reproductive health. Because of UNFPA's lead role producing IEC materials, the CA would work closely with the GOTX and UNFPA both to determine the types of needed IEC materials and to develop such IEC materials.

In addition, the CA will need to develop a dissemination and distribution plan in collaboration with both MOHMI officials and NGOs. In the private sector, the CA should work with the Counterpart Consortium and the Peace Corps to identify NGOs and possible mechanisms for distributing materials. In the public sector, the CA should work mainly with the MOHMI and other donors and seek out others, such as the Family Planning Department at the Turkmenistan Research Institute of Mother and Child Health Protection, that may be of assistance.

Recommendation No. 3. USAID/CAR should provide field support to the Global Bureau for the services of a cooperating agency (CA) such as Population Communication Services (PCS) or Association for Voluntary Safe Contraception (AVSC) to produce and ensure dissemination and use of IEC materials, including mass media information on reproductive health developed in close cooperation with the GOTX and other donors.

A.4. Strengthening the Provision of Women's Care

The GOTX places strong emphasis on maternal and child health care. Establishment of a Women's Wellness Center through an AIHA partnership would further GOTX objectives. One possible institution for the partnership is the Red Cross Hospital. To ensure that sterilization is accessible at the center, the institution selected for participation should be willing and able to provide all services relating to women's health, such as prenatal, maternal, and all types of reproductive health care (including sterilization). In addition, the partnership could assist in nursing reform. The agreement between the Cleveland Clinic and the Niyazov Medical Institute includes nursing reform.

Recommendation No. 4. USAID/CAR should support the new AIHA project to establish a Women's Wellness Center in Turkmenistan.

A.5. GOTX/World Bank Health Reform Project

At first glance, the GOTX/World Bank Health Reform Project would appear to be the obvious mechanism for USAID intervention. However, the WB project, at least as described to the team, appears to be an extremely expensive health care reform model that will serve only a limited population. Based on the current design of the WB project, the team recommends that USAID not provide reproductive health assistance to the project other than the previously mentioned policy dialogue on monitoring access to and the quality of reproductive health services. If design of the WB project changes drastically during negotiations between the GOTX and the WB, USAID may wish to reconsider this recommendation.

Recommendation No. 5. USAID/CAR should not provide reproductive health assistance to the GOTX/World Bank health reform project unless the design of the project changes during negotiations.

B. Support for NGOs

In a relatively short time, the Counterpart Consortium has identified and trained many women's NGOs. In fact, it estimates that Turkmenistan currently has approximately five to six established NGOs and 35 to 40 fledgling NGOs. In addition, Peace Corps volunteers are training and working with women's NGOs on reproductive health issues. If they receive adequate training, these NGOs have the potential to become sources of information for women on reproductive health issues as well as advocates for reproductive health. They could be especially effective in providing IEC materials and peer counseling. Moreover, with some training and overseas exposure, they have the potential to become grass-roots advocates for women's reproductive health rights. The team recommends that USAID/CAR support women's NGOs in reproductive health by providing funding to the Counterpart Consortium to assist and strengthen these NGOs.

In addition, the team recommends that USAID/CAR provide support to the new Health Partnership project to establish a partnership between a woman's NGO in Turkmenistan and a Planned Parenthood Federation of America affiliate in the United States. The Turkmen NGO would learn from the U.S. affiliate how to become an advocate for reproductive health, how to raise funds in the community, how to apply for grants, and how to reach out to women to provide reproductive health information. The partnership would strengthen the NGO as an organization and provide women with a resource for information on reproductive health and family planning. At this stage, Turkmen NGOs do not deliver reproductive health services.

Recommendation No. 6. USAID/CAR should provide support to the Counterpart Consortium to help strengthen women's NGOs in Turkmenistan, thereby enabling the NGOs to become advocates for reproductive health.

Recommendation No. 7. USAID/CAR should provide support for the new Health Partnerships project to promote a partnership between a women's NGO and a Planned Parenthood Federation of America affiliate in the United States.

TRAINING IN REPRODUCTIVE HEALTH

in Turkmenistan

ORGANIZATION	TYPE OF TRAINEES	NUMBER	WHERE	TOPICS	DATES
CARAK (WHO)	Five workshops for physicians, nurses, midwives	20-25 each workshop	Mary and Bahardon	FP	1996; five days per each workshop
UNFPA and WHO	Ob/Gyn trainers ----- Specialists	220 (out of 1,000) -----	----- Hungary	RN -----	By end of 1998 ----- TBA
Department for Family Planning in Medical Institute	Family physicians	120 1996 121 1997		During 6th year, provide training as family physicians	
WB	Family physicians Nurses Feldshers ----- Ob/Gyns, neonatologists, surgeons	75 135 30 ----- Several	Tejen Etrap ----- Estonia, Moscow, St. Petersburg, Great Britain	Family medicine ----- Emergency care, Deliveries, etc.	Planned ----- Planned
IPPF	Family physicians/ Ob/Gyns	37	Ashgabat	Contraceptive method/counseling	2/98
AVSC/JHPIEGO	Ob/Gyns Ob/Gyns training of trainers Ob/Gyns ----- Pharmaceutical/ health providers	4 11 44 ----- 235	 -----	Female sterilization Clinical contraception methods IUDs, infection control, counseling ----- General contraception techniques seminar	1994 -----

Peace Corps	83 workshops attended by 90 physicians 250 clinical nurses 220 midwives 120 nurse students 24 midwife teachers 22 third-year midwife students 140 secondary school students 30 military soldiers 1,000 women and students who attended Women's Health Week			Women's health STDs, FP, HIV/AIDS, counseling	1997
Women Alive (NGO)/ATTA	Health professionals ----- Medical students ----- TOTs ----- Women's groups	250 ----- 30 ----- 8 ----- 100	----- ----- ----- -----	20 conferences on RH ----- RH/nutrition ----- RH/nutrition ----- FP/communication	1998 ----- 2000 ----- -----
MOHMI Family Nurses Department, Nursing Schools (5)	Nurse-midwives Nurse-feldshers Family nurses		Nursing school	RH/contraception techniques/FP/ LEMON (WHO)	
UNFPA under umbrella project	Ob/Gyns	150	Congress of Ob/Gyns		Upcoming
Polyclinic No. 11	Nurses	35	Polyclinic	FP	From 1996
Research Institute of MCH Protection	Medical students		Research Institute	FP	For past three years
Polyclinic No. 9	Ob/Gyns	Included under AVSC/JHPIEGO	Polyclinic	FP	1994-present
UNICEF	Various (RH Conference)		Ashgabat	Reproductive health and counseling	3/1998
British Know How Fund	Family doctors	12	University of Exeter, Great Britain		2 weeks

AVSC TRAINING ASSESSMENT SCOPE OF WORK

BACKGROUND

The Government of Turkmenistan (GOTX) Ministry of Health and Medical Industries (MOHMI) has embarked on an intensive effort to improve and expand reproductive health services. Several donors, including UNFPA, WHO, UNICEF, UNDP, and USAID, are involved in training physicians and nurses and other health care workers in reproductive health (RH). A USAID strategy developed in early 1998 for Turkmenistan recommended that further USAID assistance should be provided for RH training if it could be determined that the training was not being duplicated. The strategy team was unable to determine if a master plan for training existed in the MOHMI. It was also unable to identify the most effective role for USAID intervention. With training apparently fragmented among donors, the team found it difficult to determine if there was national coverage of training.

SCOPE OF WORK

A team of two population Cooperating Agencies (AVSC and JHPIEGO) and the USAID Almaty Reproductive Health Officer will carry out an assessment of RH training programs in Turkmenistan to determine if current levels of training meet GOTX requirements for expansion of RH services to the six regional (velayat) Reproductive Health Centers and SVPs and FAPS in the 49 districts (etraps) and other institutions. The assessment will include training for physicians, nurse-midwives, family nurses, and feldshers.

The Reproductive Health Assessment will include

- a master plan of all training being conducted in Turkmenistan by the GOTX and donors, with a description of all MOHMI/donor training programs, numbers and categories of personnel trained, types of training, and the role of trainees in the GOTX Reproductive Health Services;
- an evaluation of the appropriateness and effectiveness of GOTX and donor programs and the degree of national coverage; and
- recommendations for the potential future role of USAID in reproductive health care training in Turkmenistan.

Consultant Requirements

Estimate two consultants for 15 working days plus ten days for Almaty RH Officer.

Estimated costs for expatriate consultants of \$15,000 for travel and per diem.

Attachment: Nursing Education in Turkmenistan

NURSING EDUCATION IN TURKMENISTAN

Notes from an interview with Dr. Aknur Kurbanova, director of nursing, Ministry of Health and Medical Industries. Dr. Kurbanova has her offices in the Ashgabat Medical School, where the Ashgabat School of Nursing is located.

There are five nursing schools in Turkmenistan. They are located in Ashgabat, Mary, Charjou, Turkmenbashi, and Dashowuz. The Ashgabat School is the largest, with 1,200 students. Dr. Kurbanova did not know the national enrollment at present. Nursing students are predominately female.

The criteria for admission have been erratic and have changed twice since 1995, when the schools accepted two categories of students: one group with completed secondary education and the other with uncompleted secondary education. There were two tracks to obtaining the nursing diploma.

Since 1996, the program has been attempting to meet international standards (WHO) for nursing education. As a result, it admits only students who are 17 years of age with a completed secondary education.

The four specialities include the family nurse, the midwife, the feldsher, and the inpatient nurse. All specialities receive midwifery training. It was not clear what differentiates the midwifery speciality from the midwifery training. After two and a half years of academic study, students have a one-year internship in their nursing speciality. According to Dr. Kurbanova, given that only physicians teach in the nursing school, the one-year internship provides students with an opportunity to learn what nurses actually do.

Dr. Kurbanova is working with WHO to upgrade the curriculum through the LEMON (Learning Materials on Nursing). The Lukman National Program on Health Reform has been influential in WHO assistance in activities for upgrading nursing. Four faculty have just completed the JHPIEGO course on curriculum development, and some have attended the AVSC clinical training. The director expressed appreciation for the materials from these courses. The MOH Department of Teaching Schools and Medical Education Establishments makes available refresher courses for nurses. (The team understands that the program is not particularly strong; it did not succeed in getting an interview with the director.)

In terms of nursing as a career, Dr. Kurbanova felt that the attrition rate, although unknown, is high and stated that salaries are extremely low. Since most nurses graduate in their early 20s, most drop out to raise families. No information was available about nurses returning to the workforce at a later date.

Suggested interventions include the following:

- Under Reproductive Health, strengthen RH preservice and inservice training.
- Support degree-level postgraduate education programs for nurses as a means toward building a nursing faculty. The initial faculty training would probably need to be delivered in a third country. For example, baccalaureate nursing schools operate in Egypt, India, and other countries in the region. WHO should sponsor any postgraduate programs.

CONTACTS—TURKMENISTAN

Almaty, Kazakstan

USAID/CAR

Marilynn Schmidt, Office Director, OST
Jatinder Cheema, General Development Officer, OST
Indria Aitmagambetova, Project Management Specialist

International Planned Parenthood Federation

Carol Jacobsen, Regional Director
Alfia Shamsutdinova, Medical Adviser

Ashgabat, Turkmenistan

Joanne Cotter, USAID Representative
Shohat A. Oraov, Program Assistant
USAID
American Embassy
9, Pushkin Street
Ashgabat, Turkmenistan
Tel: 51-13-06, 35-00-45/46
Fax: 51-13-05

Atta C. Redjepov
Head, Department of Mother and Child Health
Ministry of Health and Medical Industry
Mahtumkuli pr. 90
Tel: 35-59-04

Robin Mangles
Assistance to Turkmenistan Area (ATTA)
Oguz Khana 13 (Aytakova)
Ashgabat 744028
Tel/Fax: 413-710

Eziz Khellenov
National Coordinator for the Improvement of Reproductive Health in Turkmenistan Project
(TURK/96/PO2)
UNFPA
UN Building
40, Atabaev Street
Ashgabat, Turkmenistan
Tel: 35-26-75/41-97-76

Eziz Redjepov
National Coordinator for Information, Education, Communication Project (TUR/96/PO3)
UNFPA
UN Building
40, Atabaev Street
Ashgabat, Turkmenistan
Tel: 41-01-77/41-97-76

Elena Ivannikova
Program Officer
UNDP
UN Building
40, Atabaev Street
Ashgabat, Turkmenistan
Tel: 41-07-21/41-31-57/41-01-77

Zahide Kocadag (leaving Ashgabat 3/31/98)
Resident Program Officer
WHO—Lukman Health Program of Turkmenistan
c/o Ministry of Health
Mahtumkuli pr. 90
Ashgabat, Turkmenistan
Tel: 350-131
Fax: 350-130

Batyr Berdyklychev
National Professional Officer
WHO Liaison Office
c/o Ministry of Health and Medical Industries
Mahtumkuli pr. 90
Ashgabat, Turkmenistan
Tel/Fax: 350-248
Tel: 291-933

Ann Conway, Country Director
Yuliya Yulina, Health Assistant
Peace Corps
Krugozor P.O. Box 258
Ashgabat, Turkmenistan
Tel: 35-04-50/25-59-14
Fax: 51-12-08

Orazuel Ovezova, Director
Health Program Coordination Unit
World Bank
c/o Ministry of Health
Mahtumkuli pr. 90
Ashgabat, Turkmenistan
Tel: 35-71-44

Roselie Vasquez, Country Director
Nelly Nechiporenko, Deputy Director
Irina Dedova, Grants Manager
Counterpart Consortium
19 Komsomolskaya, No. 3
Ashgabat, Turkmenistan
Tel/Fax: 39-86-78

Tatyana Kikhacheva
Chief, Family Planning Department
Turkmenistan Research Institute of Mother and Child Health Protection
28 N. Khalmamedov Street
Ashgabat, Turkmenistan
Tel: 43-19-17
Tel/Fax: 35-41-21

Rachel Smith
Project Director
Living Standards Measurement Survey
Research Triangle Institute (RTI)
Institute for Statistics and Forecasting
Maghtymguly Street, 72
Ashgabat, Turkmenistan
Tel: 35-58-17

Aknur Kurbanova, Director
Nursing School
Ashgabat Medical School
Ministry of Health and Medical Industry
90 Kosaev Street
Ashgabat, Turkmenistan
Tel: 24-25-73

Serap Maktav, Head
Turkmenistan Country Office
UNICEF
UN Building
40 Atabaev Street
Ashgabat, Turkmenistan
Tel: 414-784, 414-789, 350-831
Fax: 350-830

Khumar Bagirova, Head
Women's Bureau (NGO)
Executive Director of Women's Council of Turkmenistan
Shayoly St. 13
Ashgabat, Turkmenistan
Tel: 24-28-28
Tel/Fax: 35-68-43

Ludmilla Petukhova, Director
Stella Mirzoya
Ynam (Women's NGO)
13 Turkmenbashi Street
Ashgabat, Turkmenistan
Tel: 351-531

Bahar Atayeva
Commercial Officer
Know How Fund (KHF)
British Embassy
301-308 Office Building
Regal Ak Altin Plaza Hotel
Ashgabat, Turkmenistan
Tel: 520-616, 510-861/62/69
Fax: 51-08-68

Akmuradova Guljemal Akmuradova
Deputy Director
Maternal and Child Health Care Institute
28, N. Khalmamedov Street
Ashgabat, Turkmenistan
Tel: 43-74-16

Serdar Babakaryevich Bayromov, Chief Physician (Tel: 44-91-07)
Aman Karabaevich Mamiev, First Deputy Chief Physician (Tel: 41-91-33/41-91-09)
Berdy Mamedovich Mamedov, Deputy Chief Physician of Surgery (Tel: 41-81-88)
Dzhuma Geldyevich Aitmamedov, Head of Intensive Care Department (Tel: 41-41-78)
Andrei Victorovich Bandareko, Head of Extra-Corporal Methods for Blood Refinement
Department (Tel: 41-81-92)
Medical Consultative Center named after S. Niyazov, President of Turkmenistan
(Niyazov Medical Consultative Center)
11 Oguz-Khan Street
Ashgabat, Turkmenistan

Yazgul Yazova
Director of Reproductive Health Center for Ashgabat City
Director of the Women's Consultative Center
Informal JHPIEGO Country Coordinator
Polyclinic No. 9
Bamako, 34
Ashgabat, Turkmenistan
Tel: 44-53-35

Gulnar Begieva
Gynecologist and Director
Polyclinic No. 11
Ashgabat, Turkmenistan

Yusup Ailievich Orazov, Chief Physician (Tel: 39-20-07/35-32-52)
Dilya Dzhaparovna Roushinova, Deputy Chief Physician (Tel: 35-36-55)
Aleksi Muradovich Ovezov, Chief of Intensive Care Course (Tel: 39-25-60/39-20-07
Fax: 39-25-60)
Emergency Medical Training Center
"Tiz Komek"
42 Kor-Ogly Street
Ashgabat, Turkmenistan

BIBLIOGRAPHY

Academy of Sciences of Turkmenistan, *Turkmenistan Human Development Report, 1997*, 1997.

Akmuradova, Gyldjamal, "Providers' Needs in Updated Contraceptive Technology: Dissemination Seminar for Family Group Practitioners and ObGyns," presentation on Reproductive Health in Turkmenistan sponsored by International Planned Parenthood Federation, European Network Regional Office for Central Asia, Ashgabat, Turkmenistan, February 17, 1998.

Atkinson, Anne, Lu, Enriquito, Tambert, Andreas, Thomas, Svetlana, and JHPIEGO, "Trip Report, Turkmenistan, February 20–March 3, 1995," Baltimore, March 23, 1995.

AVSC International, "RHSEP Activities of AVSC International Quarterly Report, 10/1/97–1/15/98," no date.

British Embassy, "British Donor Assistance to Turkmenistan," no date.

Government of Turkmenistan, "Presidential State Programme of Turkmenistan 'HEALTH,'" Ashgabat, 1995.

_____, "Abortion and Its Influence on Reproductive Health of Women in Turkmenistan," paper presented at MOHMI and UNFPA National Conference on Reproductive Health, December 3–5, 1997.

Ilamanov, M.I., "Infant Morbidity and Mortality Causes in Turkmenistan," paper presented at MOHMI and UNFPA National Conference on Reproductive Health, December 3–5, 1997.

Kerimova, T.A., "Contraceptive Means in Turkmenistan," paper presented at MOHMI and UNFPA National Conference on Reproductive Health, December 3–5, 1997.

Ketting, Evert, "Family Planning in Central Asia: Views of Health Professionals," *Planned Parenthood in Europe*, Vol. 23, No. 3, November 1994.

Lihacheva, T.M., "Evaluation of the Situation of Reproductive Health in Turkmenistan," paper presented at MOHMI and UNFPA National Conference on Reproductive Health, December 3–5, 1997.

Ministry of Health and Medical Industries and UNFPA, National Conference on Reproductive Health, Ashgabat, December 3–5, 1997.

Ministry of Health and Medical Industries and UNICEF Area Office for the Central Asian Republics and Kazakstan, "Multiple Indicator Cluster Survey (MICS)," Turkmenistan, 1995.

Nomnoeva, T., "Analysis of Situation on Sexually Transmitted Diseases in Turkmenistan," paper presented at MOHMI and UNFPA National Conference on Reproductive Health December 3–5, 1997.

OPTIONS, "Central Asian Republics, Reproductive Health Services Expansion Project (RHSEP)," Washington, D.C., September 30, 1995.

Orlova, V.S., "Maternal Morbidity and Mortality in Turkmenistan," paper presented at MOHMI and UNFPA National Conference on Reproductive Health, December 3–5, 1997.

Ruschman, Don, SOMARC, "Trip Report, Ashgabat, Turkmenistan—July 28–August 1, 1997."

Ruschman, Don, and Alimhanov, Askar, SOMRAC, "Trip Report, Turkmenistan, May 27–31, 1996."

Savirova, Ralkhan, and Shamsutdinova, Alfia, "The Unmet Need for Contraception in Turkmenistan: Abortions and Family Planning, Providers' Needs in Updated Contraceptive Technology: Dissemination Seminar for Family Group Practitioners and ObGyns," sponsored by International Planned Parenthood Federation, European Network Regional Office for Central Asia, Ashgabat, Turkmenistan, February 17, 1998.

UNDP, Academy of Sciences of Turkmenistan, "Turkmenistan Human Development Report 1997."

UNDP, Academy of Sciences of Turkmenistan, "Turkmenistan Human Development Report 1996."

UNDP and USAID, "The First Civil Society Conference in Turkmenistan, December 17, 1997," 1997.

UNFPA, "Draft Workplan, Project TUK/96/PO2 for 1998, 'Improving Reproductive Health in Turkmenistan,'" Ashgabat, no date.

UNFPA, "Indicators of Reproductive Health in Turkmenistan," Ashgabat, 1997.

UNFPA, "Work Plan of IEC, Population Policy and Advocacy Support to the National Programme of Reproductive Health Services and Access to Family Planning in Turkmenistan" (TUK/96/PO3), 1998.

UNICEF, Ministry of Health, Turkmenistan, "Multiple Indicators Cluster Survey (MICS) Turkmenistan 1995."

Unknown, “National Program of AIDS/STDS Prophylaxis in Turkmenistan in 1996–2000,” official translation, Ashgabat 1996.

USAID, “Turkmenistan USAID Health Profile,” no date.

USAID/CAR, “Turkmenistan Results, Review, and Resource Request (R-4),” Almaty, February 1998.

U.S. Peace Corps, “Turkmenistan. Annual Report, 1997,” January 1998.

World Bank, “Turkemenistan—Rationalizing the Health Sector,” January 19, 1996.

World Bank, Aide-Memoire, “Turkmenistan—Health Project, World Bank Appraisal Mission November 23–24, 1997.”

World Health Organization, “Lukman Health Programme of Turkmenistan to Realize the Presidential Health Care Reform Programme,” November 1995.

World Health Organization, “Part II: Better Health for People, Section 2. Priority Health Targets,” draft, January 20, 1998.